

Application for Approval of Emergency/Non-Emergency or Service Vehicles

| Ple | ase print | clearly and | d press firm | ly using a ball point | t pen or t | pewriter. Do no | t separate co | pies. Return | both to the MVA. | |
|---|---------------------------------|------------------------------|-----------------|--|--|--|----------------|------------------|---|--|
| Date of Application: | | | | | | Page | of _ | | pages | |
| Instructions: (check applicable block) | | | | | Service Vehicle(s) (Display of flashing or rotating amber lights only) | | | | | |
| Emergency Vehicle(s) – (for the vehicle(s) described below) | | | | | Are you operating under a contract with a Government Agency? Yes No | | | | | |
| Non-Emergency Vehicle(s) – (for the vehicle(s) described below) | | | | | If yes, give name of agency: | | | | | |
| (.s. allo vallistato) accombad balow) | | | | | Effective Date of Contract Exp. Date (Authorization is null and void on expiration of contract) | | | | | |
| | Year | Make | Body Type | Vehicle Identification | L . | Title Number | | /ehicle Owner | Type of Operation | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |
| | | - I O de it | | | | | | | | |
| Ins | urance Re egistered a | equirements s a tow truck | s: All motor ve | ur Lease Agreement. chicles registered in Mare commercial liability insuired security must be commercial to the commercial must be commercial mus | urance in th | ne amount required | by Federal Law | for transporting | g property in | |
| Ins | urance Ce | ertification | | | | | | | | |
| Name of Insurance CoP | | | | | Policy/Binde | er# | | _Agent/Broker_ | | |
| Warning devices on such vehicles shall be used in accordance v | | | | | | with the applicable sections of the Maryland Transportation Article. | | | | |
| or | | ficial of the | • | 8, 22-201, 22-218, 22- n named below, apply | | | • | • | cle, I, as an appointed ice vehicle as | |
| Name of Organization | | | | | | | FEIN # | | | |
| Street Address | | | | City | | State | Zip Code | | | |
| Official's Signature | | | | | | | Capacity | | | |
| | | | | | | | | (Submit proc | of of Capacity) | |
| | | | | | | | | | | |
| the | Motor Veh | icle Administ | | ed in me by §11-118, 23 or the State of Maryland oplication. | | | | | | |
| Adı | | | | | | | | | | |
| | ministrator' | s Signature . | | | | | | | | |
| Dat | | 9 | | E | | | | | | |